

Colonoscopy using Klean-Prep

You must read this booklet at least seven days before your test

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What is a colonoscopy?

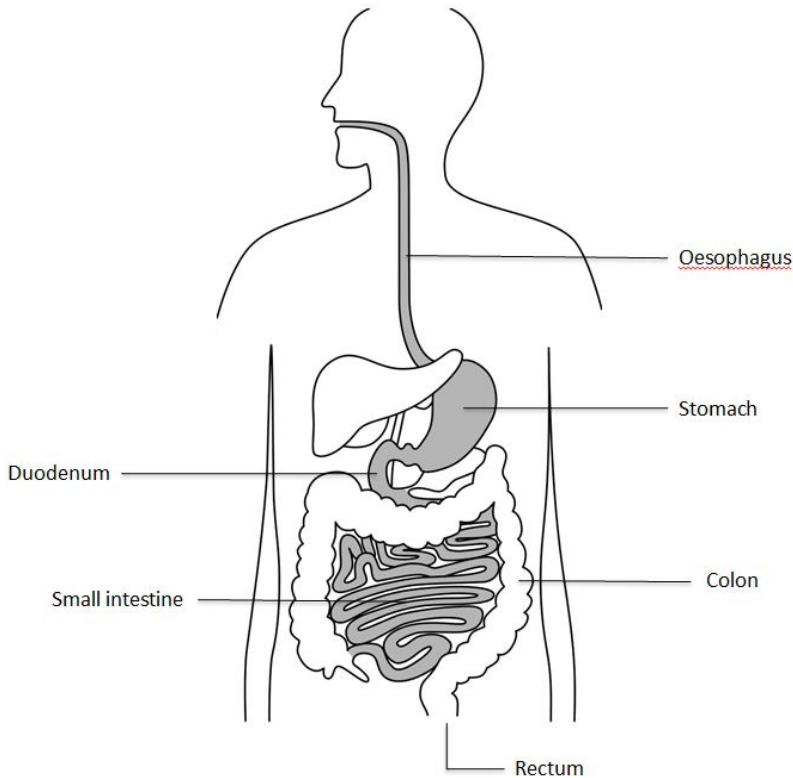
An endoscopy is a procedure where the inside of the body is examined using a flexible tube with a light and a camera at the end called an endoscope. A colonoscopy is an endoscopic procedure where the tube or colonoscope is inserted into the rectum and around the colon via the anus (see picture below). Pictures are transmitted to a TV screen, enabling the endoscopist to look directly at this part of the digestive system, which is also known as the large bowel.

Why is it necessary?

The procedure is done to help your doctor make a diagnosis or exclude serious problems. Samples (biopsies) and photos are often taken to help this. It can also be done to look for polyps (little growths in the bowel), some of which can grow into cancers and need removing. These can often be removed at the time of the procedure.

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What are the risks?

A colonoscopy is a very safe procedure but like any invasive test there are risks. Your doctor will have weighed up the risks against the benefits before requesting one. There is a small risk of bleeding if samples are taken and an extremely small risk of causing a tear (1 in 2500 cases or 0.04%). If a polyp is removed there is an increased risk of bleeding and a greater chance of a tear but the combined risk of these is still only about 1 in 50 cases or 2%.

Bleeding normally settles on its own but if it does not you may need to be admitted to hospital and have a blood transfusion. If the endoscopist is worried about a tear, you will be admitted and have a scan. In very rare cases an operation may be required to deal with a complication.

Will it hurt?

Everybody's experience is different. Some tolerate it without sedation and others experience quite a lot of pain, although this is rare. Every effort is made to try to ensure you are as comfortable as possible by giving sedation, muscle relaxant drugs and access to 'gas and air' (Entonox).

If you find it too painful you can ask the endoscopist to stop. For more information on sedation, go to page 7.

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How long does the procedure last?

This varies considerably depending on how clean the bowel is and whether it is necessary to remove polyps. Most procedures are completed in less than half an hour and they rarely take more than an hour.

Is there an alternative?

No other test allows direct views of the bowel, the ability to take specimens and remove polyps. A special type of CT scan can be done if it is not possible to complete the colonoscopy, to make sure no major pathology is missed.

What arrangements do I need to make?

You should arrange for somebody to take you home after the procedure and to stay to supervise you for 12 hours if you have had sedation. This is to ensure you have recovered from the sedation and help you deal with a complication if one occurs after you have left the hospital. This is for your own safety.

If you have not arranged to be collected your procedure may be cancelled and you will have to take the bowel preparation again, as some endoscopists are unhappy to let patients go home unattended due to the risk of a complication.

What if I live alone?

If you live alone and are unable to arrange for someone to collect or stay with you after the test please inform the bookings team on 01206 742656 as soon as you receive your appointment. It may be possible to arrange a hospital bed but this is complicated and cannot be guaranteed until the day of the procedure, after you have already taken the bowel prep.

Preparing yourself for your a colonoscopy

The following steps are necessary to ensure your colon is sufficiently clean so that the endoscopist can see everything clearly. Poor bowel preparation can result in a longer, more uncomfortable procedure, missed diagnoses and sometimes results in a repeat examination.

Seven days before your colonoscopy

STOP taking iron supplements, bulking agents such as natural bran, Fybrogel and Regulan but continue all other medications.

If you take a blood thinning drug from the list below, please read the information on page 9.

Aspirin	Clopidogrel	Warfarin
Prasugrel (Efient)	Ticagrelor (Brilique)	Dabigatran (Pradaxa)
Rivaroxaban (Xarelto)	Apixiban (Eliquis)	Edoxaban (Lixiana)

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Four days before your colonoscopy

STOP taking any constipating agents (Immodium, loperamide and Lomotil). Try to minimise the amount of constipating painkillers (codeine phosphate, Tramadol, morphine and oxycontin) you take but continue all other medication as usual.

Two days before your colonoscopy

You need to change your diet. Please look at the next page for advice on food and drink you can and cannot have before your colonoscopy.

Dietary changes:

Eat small amounts of these allowed foods:

- eggs
- white bread or toast with margarine
- water biscuits, cream crackers or rich tea biscuits
- boiled or mashed potatoes or chips
- plain boiled white rice, pasta or noodles
- boiled or steamed white fish or chicken
- gravy, using stock cubes made with water only
- clear jelly (no red jelly).

Do not eat

- breakfast cereals
- butter, yoghurt, cheese or ice cream
- any type of fruit, vegetables or salad
- red meat and pink fish
- pies, pasties or sausage rolls
- pulses, beans or lentils including baked beans
- nuts and seeds or bread containing nuts and seeds.

Drink 2-3 litres of fluid each day from the following list until after your procedure:

- all types of water (squash/cordial can be added)
- Lucozade and any other 'sport drinks'
- fizzy drinks
- hot honey and lemon
- black tea and coffee (sugar allowed)
- Bovril or Oxo.

Do not drink

- smoothies made with fruit or vegetables
- milk or milkshakes.

Continue your remaining regular medications.

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Bowel-cleansing with Klean-prep

The day before your colonoscopy

You need to start your Klean-prep. Please read the information leaflet about Klean-prep which comes in the packet. It lists situations when you should not take it and the side effects. There is a small risk of developing dehydration, low blood pressure or kidney problems with this medication. If you are concerned please contact the referring clinician's secretary. (The referring clinician is listed on your appointment letter.)

STOP taking anti-inflammatory painkillers (ibuprofen, diclofenac, naproxen, meloxicam). These can be restarted 72 hours after the procedure.

Continue your remaining regular medications but take them either an hour before or an hour after taking the Klean-prep as it may be flushed through the system and not absorbed. If you are on the contraceptive pill please use alternative precautions for a week after the procedure.

If you are a patient with diabetes please go to page 8.

Please consider using a barrier cream such as Sudocreme/zinc and castor oil cream on your bottom to prevent soreness as the bowel prep will give you diarrhoea.

How to take the Klean-prep

Empty the contents of one sachet of Klean-prep into 1 litre (1¾ pints) of water and stir until the solution is clear. Drink one glass of Klean-prep every 15-20 minutes until you have drunk all of it. Once you have finished, make up the next sachet.

Please read the information below to find out when to take your Klean prep as this depends on when you appointment is.

If your appointment is before midday the next day

Before 10am: Eat breakfast from the list on page 4. After breakfast drink at least a cup or glass of fluid every hour.

Before 1pm: Eat a light lunch from the list.

After lunch do not eat solid food until after your procedure. Drink at least a cup or glass of fluid every hour from the list. You can also eat the following sweets to keep up your energy levels: Jelly Babies, Fruit Pastels, wine gums, Foxes Glacier Fruits and mints, including Polos.

3pm: Start taking Klean-prep as directed above.

You should start opening your bowels 1-2 hours after starting the Klean-prep. If you have not had a bowel movement after two sachets, wait until you have before you continue.

You should take all four sachets of Klean-prep, which will take 4-6 hours. If your Klean-prep worked very quickly and you are passing clear liquid after three sachets there is no

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need to take the final sachet. For some patients the Klean-prep takes a while to work, so your sleep may be disturbed.

On the day of your procedure **STOP** drinking liquids two hours before your appointment.

If you think you are having a side effect (nausea, vomiting, abdominal pain) or an allergic reaction (a rash, feeling itchy, redness and swelling), please call 01206 742083.

If your appointment is after midday the next day

Before 10am: Eat breakfast from the list on page 4. After breakfast drink at least a cup/glass of fluid every hour.

Before 1pm: Eat lunch from the above list.

Before 4pm: Have a small snack from the above list.

After this **do not** eat solid food until after your procedure. Drink at least one cup/glass of fluid from the list every hour. You can also eat the following sweets to keep your energy levels up: Jelly Babies, Fruit Pastels, wine gums, Foxes Glacier Fruits and mints, including Polos.

6pm: Start taking the first sachet of Klean-prep as directed on page 5 and when finished continue on to the second sachet. Stop after two sachets but continue to drink fluids.

For some patients, the Klean-prep takes a while to work and so your sleep may be disturbed.

7am on the day of your procedure: Start taking the third litre of Klean-prep and continue on to the fourth sachet. If your Klean-prep worked very quickly and you are passing clear liquid after three sachets there is no need to take the final sachet.

STOP drinking liquids one hour before your appointment.

If you think you are having a side effect (nausea, vomiting, abdominal pain) or an allergic reaction (a rash, feeling itchy, redness and swelling) from the Klean-prep, please call 01206 742083.

On the day of your test

What shall I bring?

- your appointment letter
- a list of your regular medications
- your insulin (if you are diabetic)
- information about any pacemaker/defibrillator you have
- something to keep yourself occupied whilst you wait.

Please remove nail varnish, jewellery (including piercings) and lipstick before coming to hospital. As there is no safe place to store valuables whilst you are having your procedure we suggest you leave these at home or with your friend/relative.

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Where do I come?

Report to reception at the Elmstead Day Unit (situated at the rear of the hospital – please see the map on the back cover).

Your family or friends can drop you off but there is no parking except for disabled badge holders. If they are planning to stay we recommend they use one of the visitor car parks situated at the front of the hospital (bring change for the machine) but they may be waiting for several hours. We do not recommend you drive to the hospital yourself as you will be unable to drive home if you require sedation.

What if I need help with transport?

If you are unable to get to the hospital and require help, please contact your GP to arrange transport. Please emphasise that this is a day case procedure rather than an outpatient appointment and that you will be at the hospital for several hours.

What will happen when I arrive?

You will be asked to sit and wait until a nurse is available to take you through to the admission area. Every effort is made to ensure that your wait is as short as possible but delays can happen if emergency cases have to be prioritised and earlier procedures take longer than expected. Under these circumstances you may have to wait 1-2 hours before you are admitted.

During the admission process the nurse will take some details (personal information, medications, allergies and medical problems etc.) Either the nurse or an endoscopist will explain the procedure (risks and benefits) and ask you to sign a consent form.

Once admitted you will be taken to a bed space as soon as one becomes available and a nurse will insert a cannula (small plastic tube) into a vein. You will be asked to undress from the waist down and given a pair of dignity shorts to wear instead of your underwear (please do not wear an underwire bra) and a gown. If you feel the cold we recommend you bring a dressing gown and slippers to wear over the gown while waiting.

What will happen in the procedure room?

A few checks need to be done before the procedure is started and you will be introduced to the endoscopist and the nurses in the room. You will be made comfortable, lying on your left side with your knees pulled up towards your chest before the test is started. If you have asked to be given sedation this will be given at that time.

Conscious sedation

Two types of intravenous medication are often used to relax you and reduce the discomfort of a colonoscopy. It is not the same as a general anaesthetic as the intention is not to put you to sleep. This is called conscious sedation.

One drug (a bit like morphine) helps with pain and the other called midazolam (a bit like Valium) helps to relax you. The drugs can make you feel sleepy and the midazolam can affect your recollection of the procedure.

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Although you may feel alert after the procedure the effects of sedation can last for up to 24 hours. During this time **do not**:

- drink alcohol
- operate machinery
- drive
- sign any legally binding documents.

What if I don't want sedation?

Most people require sedation to complete the test but if you wish you can try without. You can still have gas and air (Entonox) during your procedure to help with pain.

What happens after the procedure?

You will be given time to rest and recover back on the ward and once dressed you will be given something to eat and drink. A nurse will then phone your friend or relative to come to collect you.

How long will I be at the hospital?

Whilst the tube is inside you less than an hour the whole process can take several hours. You may have to wait a while before you are admitted and if you have been given sedation, it can take a while for you to recover before you are stable enough to leave the department.

When do I get the results?

The endoscopist may explain the findings in the procedure room. If not a nurse will give you the report and go through it before you leave. A report will also be sent to your GP and the doctor who requested the test.

If samples have been taken, these will be sent to the pathology laboratory. The clinician requesting the procedure should be able to access the results on an urgent sample after a week but for non-urgent samples it may take several weeks.

Friends and relatives

Friends and relatives are not allowed beyond reception in the endoscopy department unless they are needed to help care or communicate with patients. We recommend they leave a contact number so that we can call them when you are ready to leave, as you will be in the department for several hours.

Information for patients with diabetes

You will need to stop some of your diabetic medication before the procedure as you will be changing your diet and missing some meals. If you test your blood glucose levels it is a good idea to do this more regularly before the colonoscopy (before a meal, before you go to bed and first thing in the morning). If you take insulin you should have been given a morning appointment – if you have been given an afternoon appointment please phone the bookings team on 01206 742656 as soon as you receive your appointment to ensure this is changed.

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If you take tablets for diabetes

Stop taking your diabetic tablets when you stop eating the day before the test. If you take them more than once a day you can restart them on the evening of the procedure once you have started eating and drinking.

If you take insulin for diabetes

If you take a long acting insulin (Lantus/Glargine, Levemir/Detemir, Insulatard, Humulin I), continue this as normal.

If you take insulin twice a day (Novomix 30, Humulin M3, Humalog Mix 25, Humalog Mix 50), take half the normal dose the day before and the morning of the procedure. Restart your normal dose when you start eating after the procedure.

If you take a short-acting insulin with meals (Novorapid/Aspart, Humalog/Lispro), take half the normal dose when you are on a reduced diet the day before the procedure and miss this out when you miss a meal.

General advice

If you start to feel symptoms of a hypo (low blood sugar), such as sweating, dizziness, blurred vision or shaking, please test your blood sugar if possible. If less than 4 mmol/L, take 4 glucose tablets or 150ml of Lucozade or 4 teaspoons of sugar mixed with 150ml of water. Your blood sugar will be checked when you are admitted to the unit to make sure it is safe to go ahead with the procedure.

As you will have missed some of your diabetic medication you may get high blood sugars after the test but these should return to normal after a couple of days. If your sugars are high please keep drinking fluids so that you do not get dehydrated.

If you have recently been admitted to hospital because of unstable blood sugars or are unsure what to do, please phone the Diabetes Specialist Nurse on 01206 742159.

Remember to bring your insulin with you to the hospital.

Blood thinning drugs

Aspirin	Clopidogrel	Warfarin
Prasugrel (Efient)	Ticagrelor (Brilique)	Dabigatran (Pradaxa)
Rivaroxaban (Xarelto)	Apixiban (Eliquis)	Edoxaban (Lixiana)

These medications increase the risk of bleeding. They are commonly prescribed if you have or are at risk of heart problems, strokes, blood clots or other vascular problems.

Diagnostic procedures

It is safe to have a diagnostic colonoscopy and take samples whilst you are on a blood thinning drug but it is not safe to perform therapeutic procedures such as removing polyps. If these are found during a diagnostic procedure you may need to have the procedure repeated.

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If you take **warfarin** check your INR a week before the procedure. If it is above the therapeutic range contact the referring clinician for advice. Your INR will be checked on the day of the procedure to ensure taking biopsies is still safe.

If you take **Rivaroxaban, Apixaban, Edoxaban** or **Dabigatran** omit these on the day of the procedure to minimise the risk of bleeding if biopsies are taken. If you take a combination of blood thinning drugs contact the referring clinician to ask for advice as the risk of bleeding increases and this must be balanced against the risk of stopping your blood thinning drugs.

Therapeutic procedures

If a therapeutic procedure may be required, such as a polypectomy, you will need to stop your blood thinning drugs for longer. Please read the advice below about when to stop.

Aspirin — stop this three days before the procedure if you have been told to do so (often it is safe to continue).

Clopidogrel, Prasugrel and **Ticagrelor** – stop five days before UNLESS you have had an angiogram where a stent has been placed in your heart within the last year. If so please contact the referring clinician for advice.

Warfarin – stop five days before.

In certain circumstances you will need to take a heparin injection two days before the procedure and afterwards to protect against clots whilst you are off warfarin. (This is required if you have atrial fibrillation with a prosthetic heart valve or mitral stenosis, a metallic mitral valve, a thrombosis in the last three months or are at a high risk of stroke.) Please contact the referring clinician or your GP to arrange this.

Rivaroxaban, Apixaban, Edoxaban or **Dabigatran** – stop 48 hours before your procedure. (If you have kidney failure your doctor may advise you to stop **Dabigatran** for 72 hours).

If you take a combination of blood thinning drugs contact the referring clinician to ask for advice as the risk of bleeding increases and this must be balanced against the risk of stopping your blood thinning drugs.

Who to contact for help and advice

For questions relating to your appointment please contact the bookings team by phone on 01206 742656 or by email: endopatientbookings@nhs.net

If you have diabetes and have questions about your medications that have not been addressed in this leaflet, please phone the Diabetes Specialist Nurse on 01206 742159.

If you have questions about blood thinning drugs or are concerned you should not be taking the bowel prep due to a pre-existing medical condition, please phone the secretary of the referring clinician (on your letter), via the switchboard on 01206 747474.

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